SAVING LIVES
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Malawi Household Food Security Bulletin

Mobile Vulnerability Analysis and Mapping (mVAM) on the Effects of COVID-19 in Malawi

Round 17: 8th September – 7th October 2021

SUMMARY OF KEY FINDINGS

- The food security situation across the country remains stable, with almost all interviewed households classified as having *acceptable* to *borderline* food consumption as they consume from the 2021 harvest.
- The proportion of households who are employing the *most severe* consumption-based coping strategies remains relatively low, ranging between 19 percent and 21 percent for the current round and the immediate past four rounds, indicating a generally stable food security situation.
- Physical access to markets has increased slightly, likely due to the decrease in new COVID-19 cases as the third wave of the pandemic dies down coupled with the fact that rural households are still selling their produce from the recent harvest.

BACKGROUND

During this reporting period, Malawi continued experiencing a decline in the number of COVID-19 cases, deaths, and admissions to Emergency Treatment Units (ETUs). As of the last day of this reporting period (7th October 2021), the Ministry of Health indicated that the country registered nine new COVID-19 cases in the past 24 hours, down from 952 cases during the peak of third wave on 22 July 2021.[1]

Cumulatively, Malawi has recorded 61,648 cases, including 2,287 deaths with a case fatality rate at 3.71 percent. Further, cumulatively, 56,208 cases recovered, with an overall recovery rate of 91.2 percent. Furthermore, on 8th October 2021, the Government announced the continued observance of the COVID-19 restrictions, which include wearing face masks, observing social distancing, and washing hands to prevent the spread of the disease.

METHODOLOGY

Round 17 of remote household-level survey data collection in response to COVID-19 monitoring and seasonal trends in food security took place between 8th September – 7th October 2021. The survey for this report was conducted using live telephone calls, collecting information from some 2,504 households in all districts and major cities across the country.

The sample size was calculated based on *the Integrated Food Security Phase Classification Technical Manual (Version 3.0)* guideline of having at least 150 samples per strata. Additional details on this methodology are available in *Annex 1*.

[1] Data on COVID-19 (coronavirus) by Our World in Data

[2] Ministry of Health, 7th October 2021. COVID-19 Situation update

WFP
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The **Food Consumption Score (FCS)** is a composite score of diversity and frequency of food groups consumed over the past 7 days by household members, weighted by the relative nutritional importance. Based on the scores and the standard thresholds, households are grouped into three

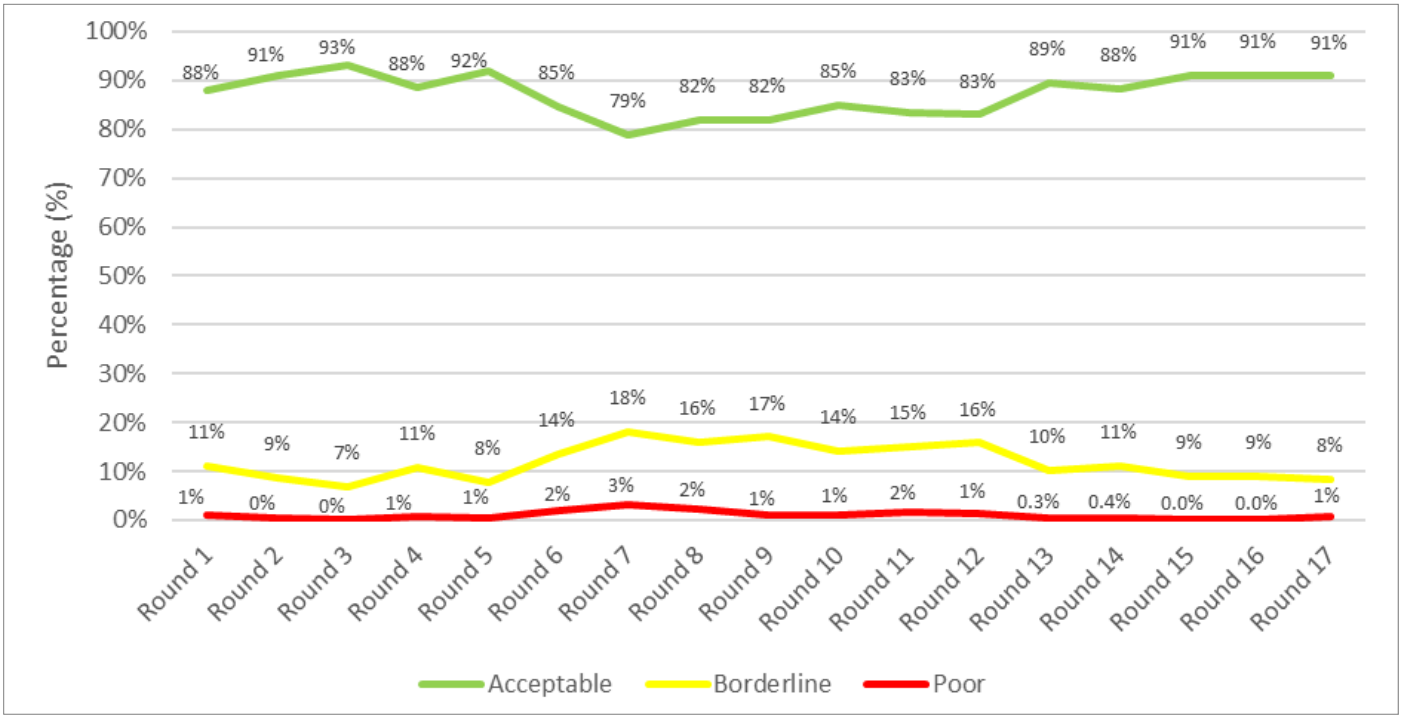
The **Reduced Coping Strategy (rCSI)** is an experience-based indicator measuring the behaviour of households over the past 7 days when they did not have enough food or money to purchase food.

KEY FINDINGS

Food Consumption Score (FCS)

Findings from Round 17 of data collection showed that most households - some 91 percent - are currently classified as having *acceptable* food consumption, same as in Round 16. This result shows that, largely, the food security situation in the country continued to be stable, with households benefitting from adequate consumption. Only 8 percent of households were classified as having *borderline* food consumption, representing a slight decrease from the previous round (9 percent). Additionally, 1.0 percent of surveyed households were classified as having *poor* consumption, compared to 0.4 percent in the previous round (*Figure 1*). Despite the slight increase, this does not suggest a significant deterioration of food insecurity, as the findings are still at low levels, depicting a stable situation as expected during this post-harvest period.

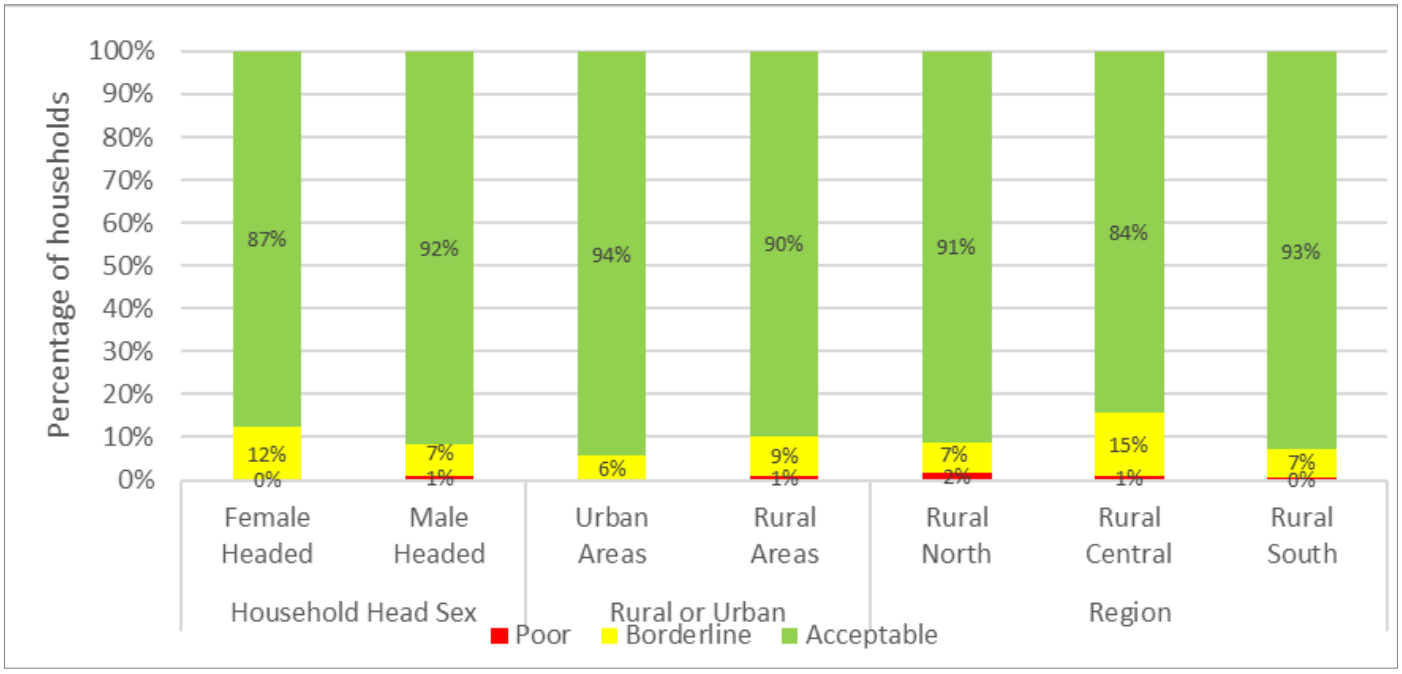
Figure 1: Trends on Households' Classification of Food Consumption Score, Round 1 (May 2020) to Round 17 (October 2021)



Similar to Round 16, in Round 17, less female-headed households (87 percent) were classified as having *acceptable* food consumption compared to male-headed households (92 percent). This trend has been characteristic across all previous rounds, signifying that female-headed households regularly consume less diversified food groups as compared to male-headed households. Additionally, in this round, as observed in the previous rounds, households residing in urban areas are typically consuming slightly more diversified food groups, with 94 percent classified as having *acceptable* food consumption compared to 90 percent of households in rural areas. Further, roughly, 6 percent of urban-based and 9 percent of the rural-based households were classified as having *borderline* food consumption in this round.

At a regional level, the Rural Southern Region had the highest proportion of households classified as having *acceptable* food consumption (93 percent), followed by the Rural North (91 percent) and then the Rural Centre (84 percent). This shows that households in the Rural South consumed more diversified food groups compared to households in the other two regions (*Figure 2*).

Figure 2: Percentage of Households by Food Consumption Score Classifications

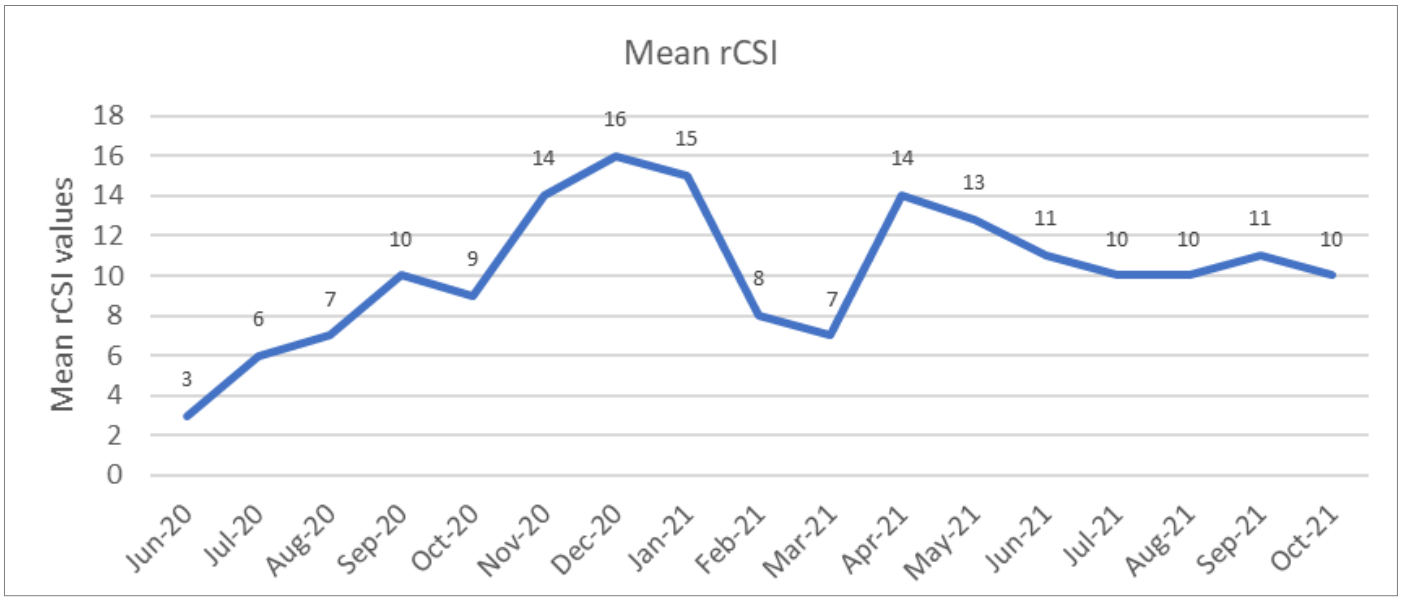


Reduced Coping Strategies Index (rCSI)

In general, the mean Reduced Coping Strategy Index (rCSI) in the Round 17 survey was 10, a slight decrease from 11 in the previous round, which indicates that households are, generally, not resorting to many or severe consumption-based coping strategies to access food (*Figure 3*).

At district level, analysis is done by grouping districts into strata. The groupings of Mchinji, Ntchisi, Dowa; and Kasungu, and Lilongwe Rural and Dedza had the highest mean rCSI (14), meaning that households in these areas reported resorting to more adverse coping strategies than households in other areas. The lowest mean rCSI (6) was observed in Mzuzu and Zomba cities (*Figure 4*).

Figure 3: Mean Reduced Coping Strategy Index (Mean rCSI) Trends, Round 1 (June 2020) to Round 17 (October 2021)



In Round 17, nearly 20 percent of surveyed households reported having relied on the *most severe* consumption-based coping strategies (rCSI ≥19), a slight decrease from the previous round (21 percent), indicating a stable situation as expected during this post-harvest period. More female-headed households (24 percent) employed the *most severe* consumption-based coping strategies compared to male-headed households (19 percent). Approximately, 44 percent of all surveyed households reported that they had used *moderately severe* behaviours (rCSI 4-18)—such as borrowing food from friends or relatives and/or adults skipping meals in order to provide for children—compared to 46 percent in Round 16, indicating that food insecurity under this classification remained stable at high levels. Additionally, 37 percent of households reported that they had employed at least one of the *least severe* behaviours of eating less preferred foods and/or reducing the number of meals (rCSI 0-3), further indicating a stabilization of food security across the country (*Table 1*).

In this round, 22 percent of surveyed households in rural areas reported that they had applied severe consumption-based coping strategies as compared to 12 percent of households residing in urban areas (*Table 1*). Roughly, 30 percent of households residing in the Rural Central Region and 24 percent in the Rural Southern Region employed the most-severe consumption-based coping strategies, while 15 percent of households in the Rural North employed the most-severe strategies to get by. Severe consumption-based coping in the Rural Southern and Rural Central Regions might be, in part, due to pressure on arable land caused by high population densities in those parts compared to the Rural North.

Table 1: Percentage of Households Employing Consumption-based Coping Strategies

		Normal (%)	Moderately Severe (%)	Most Severe (%)
Household Head Sex	Female-headed	37%	44%	20%
	Male-headed	29%	48%	24%
Rural or Urban	Urban Areas	38%	43%	19%
	Rural Areas	48%	40%	12%
Region	Rural North	33%	45%	22%
	Rural Central	41%	44%	15%
	Rural South	24%	46%	30%
		31%	45%	24%

Figure 4: Map of Malawi Showing the Mean rCSI by District Grouping (Strata)

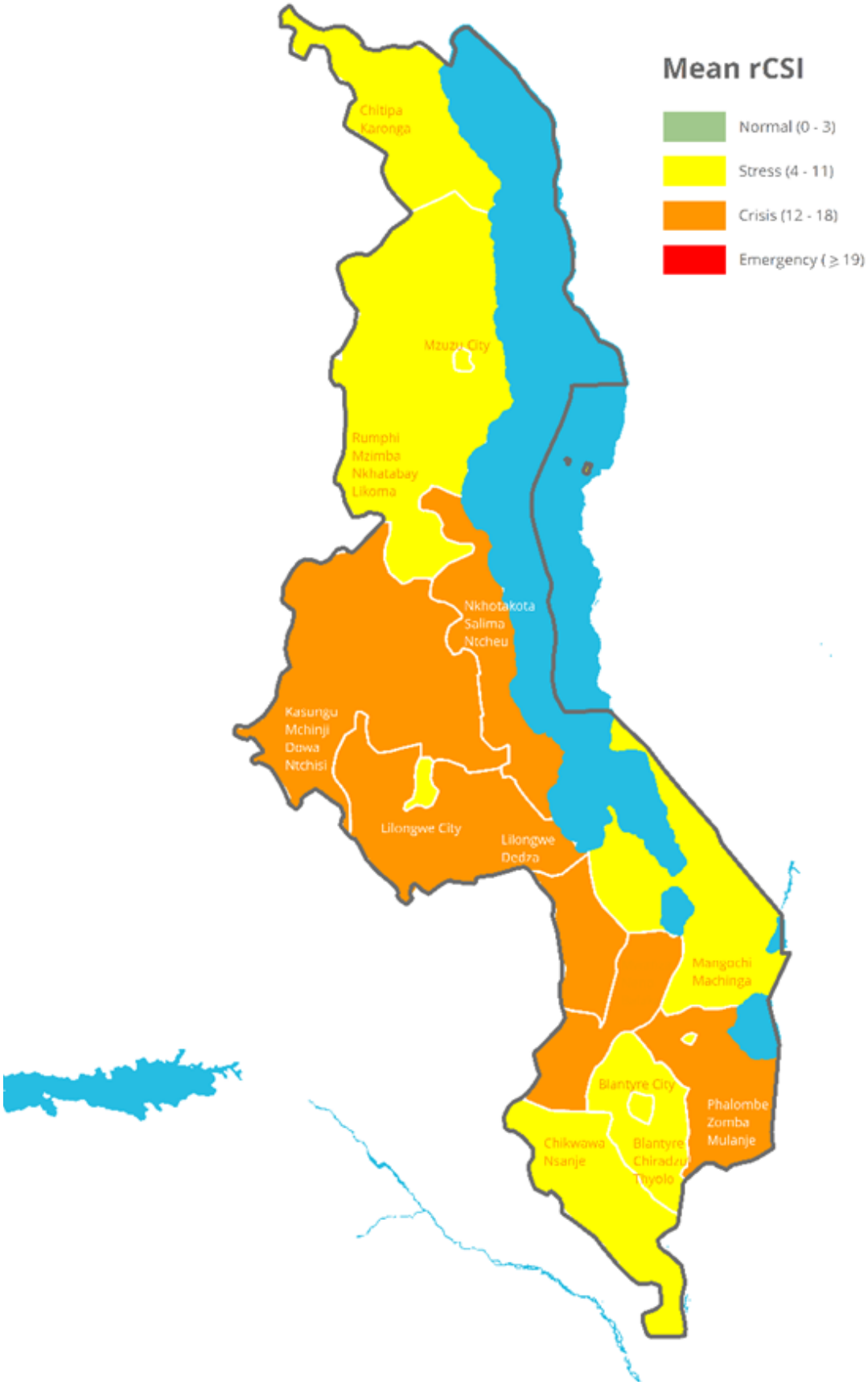
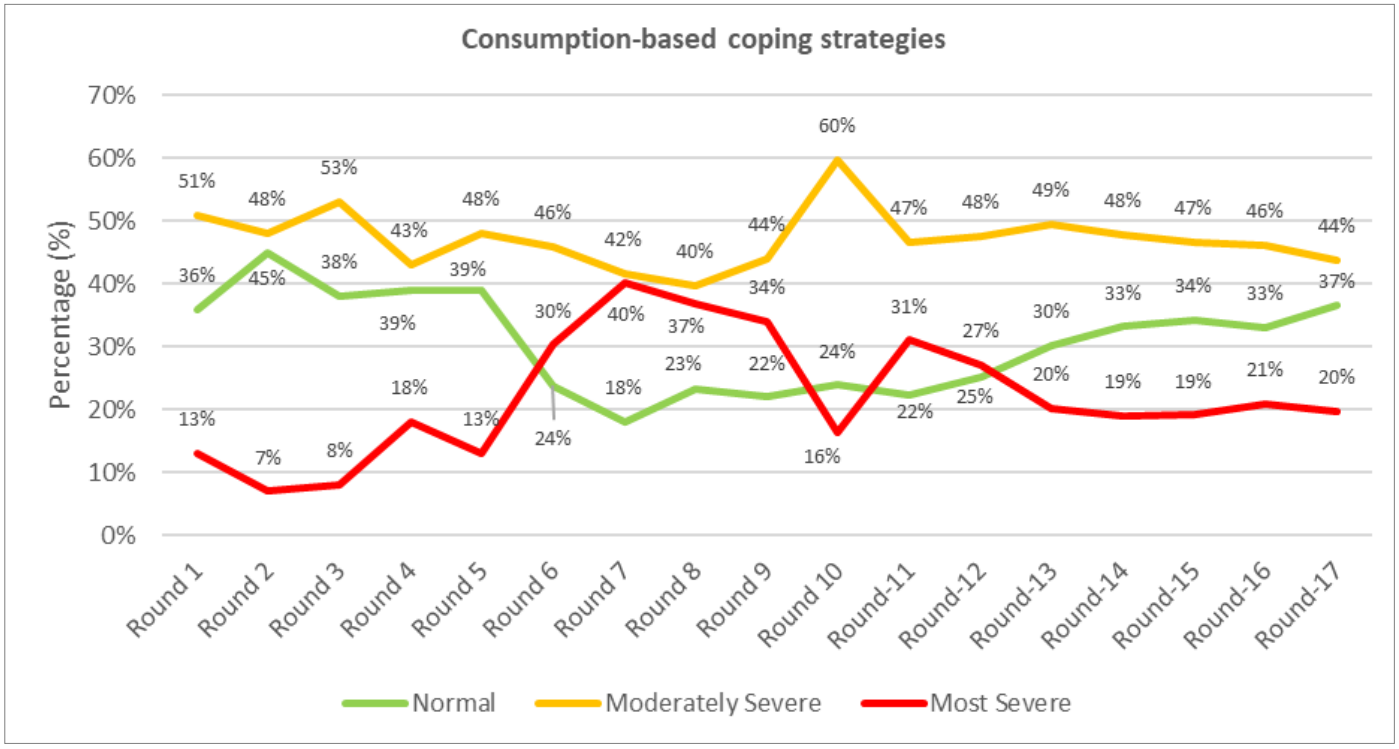


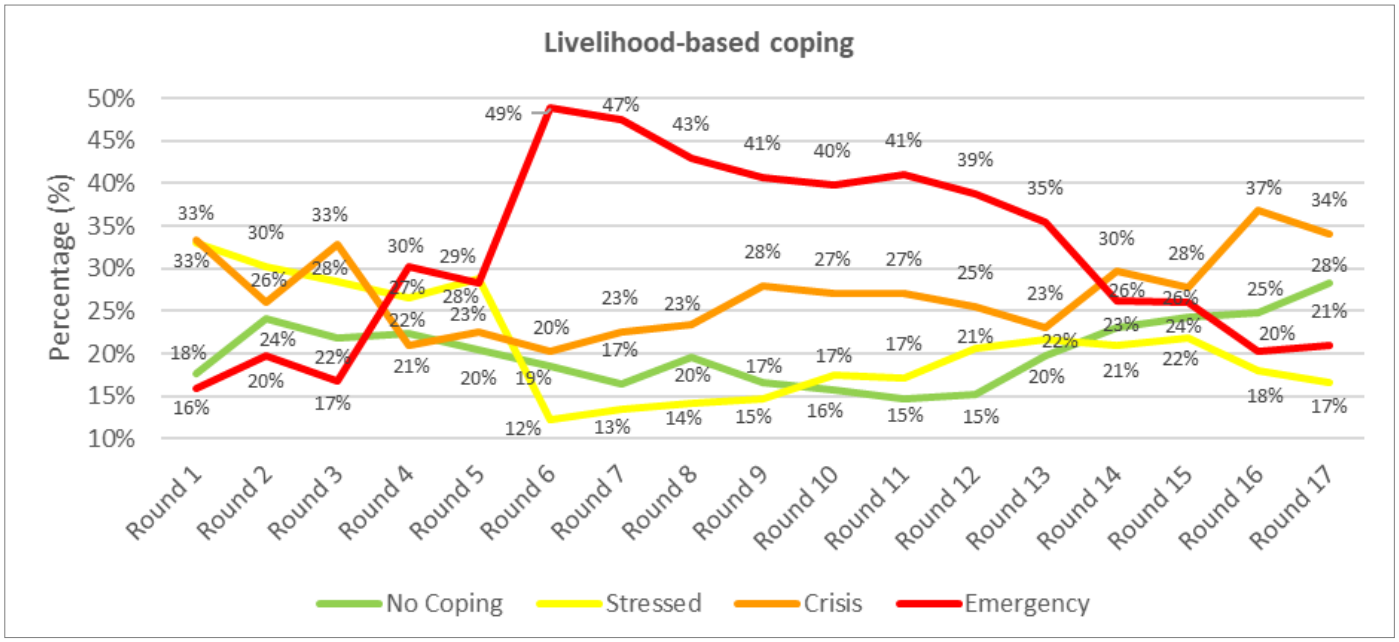
Figure 5: Households Employing Consumption-based Coping Strategies (rCSI) Trend



Livelihood Coping Strategies

In this round, nearly 21 percent of households across the country reported having employed *emergency* livelihood-based coping strategies within the last 30 days to access food, a slight increase from 20 percent in the previous round. This marginal increase is indicative of a generally stable food security situation in the country. Essentially, households not employing any coping increased to 28 percent from 25 percent, while those employing either *crisis* or *stressed* coping strategies decreased, as more households were resorting to less or no coping.

Figure 6: Trends on Households Employing Livelihood-based Coping Strategies

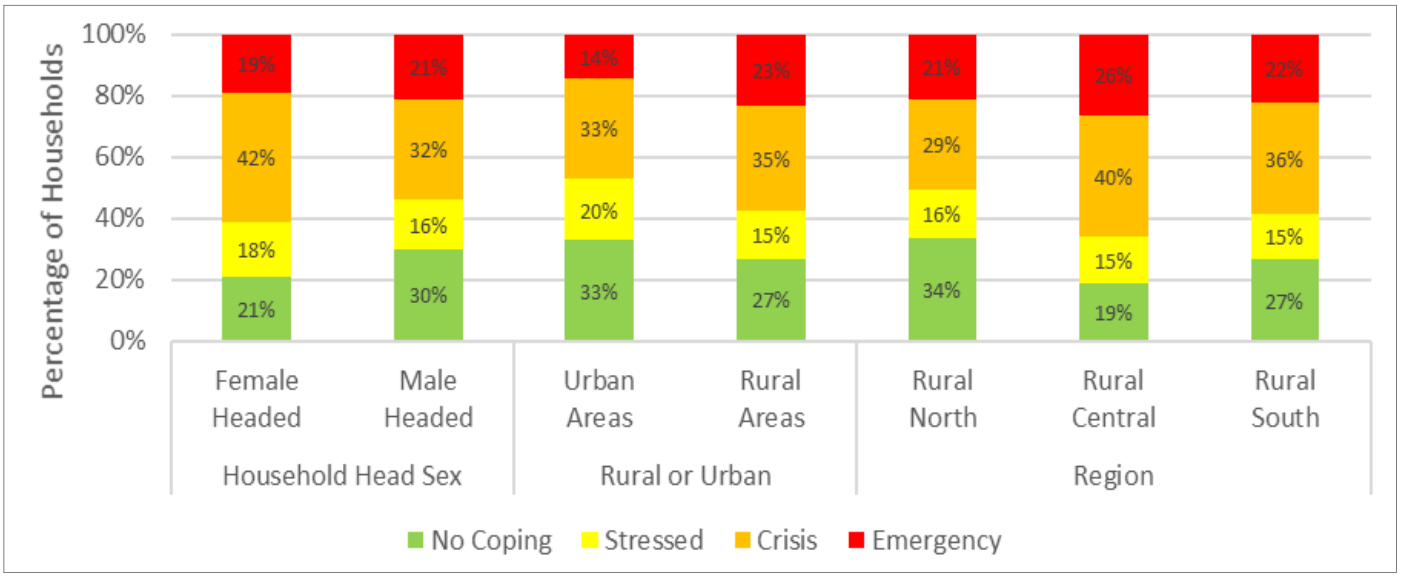


In Round 17, slightly more male-headed households (21 percent) engaged in *emergency* coping strategies compared to female-headed households (19 percent), signifying that male-headed households faced more food stress in the current round than female-headed households. (*Figure 7*).

Further, the results indicated that more rural-based households (23 percent) were employing *emergency* coping strategies compared to those in urban areas (14 percent), suggesting higher food strain in rural areas where households have more limited means of coping with stress (i.e., less diversified incomes or alternative livelihoods sources). Further, *Figure 7* also shows that 33 percent of urban-based households did not employ any coping strategies compared to 27 percent of households in rural areas.

At a regional level, the Rural Central Region had the highest proportion of households employing *emergency* coping strategies (26 percent) compared to the Rural South (22 percent) and Rural North (21 percent). This, in part, could be due to the tendency of renting out or selling part of one's land, a practice that is more common amongst households in the Central Region as compared to the Southern and Northern Regions.

Figure 7: Percentage of Households Employing Livelihood Coping Strategies



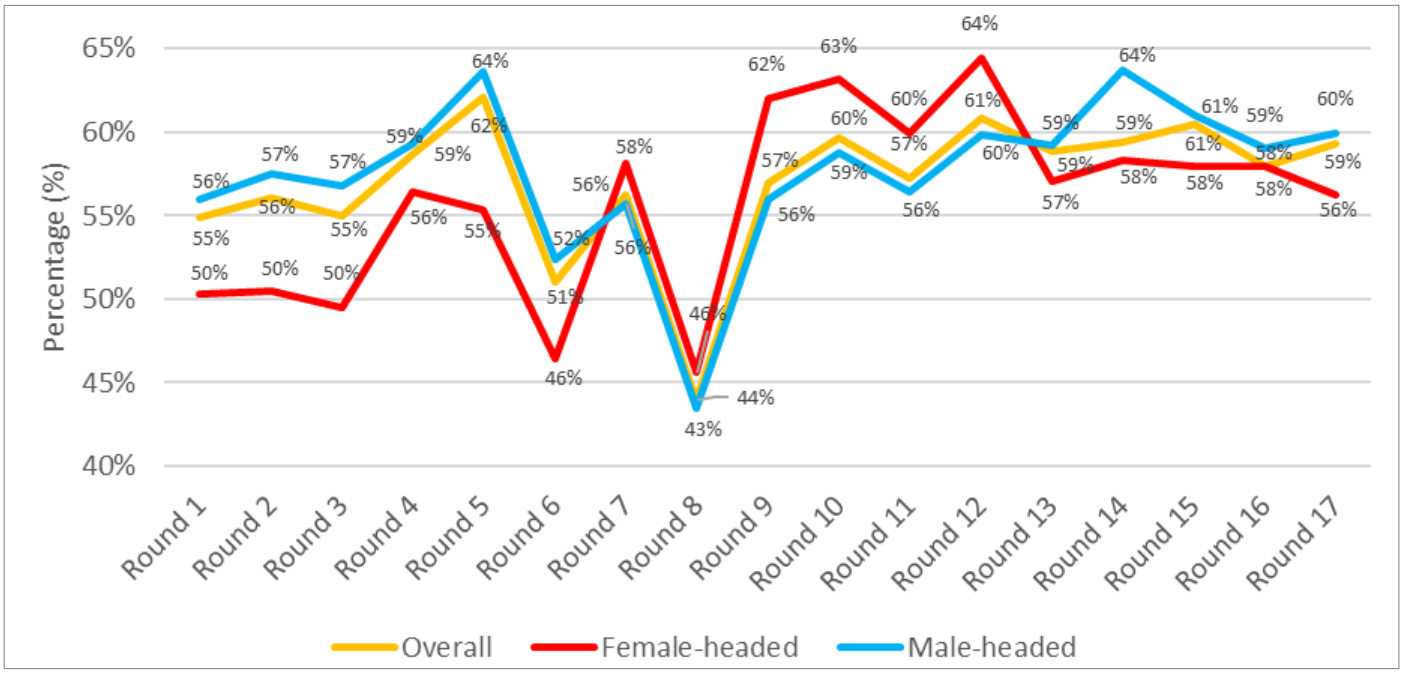
Market Access

Reported access to markets in Round 17 of data collection increased slightly compared to the previous round, which in part is due to the decline in the number of COVID-19 positive cases recorded during this reporting period. Sampled households were asked if at any point in the 14 days prior to the survey they were unable to access markets or grocery stores and the reasons why. Access to markets was at 59 percent, up slightly from 58 percent in the previous round. Male-headed households accessed markets more than their female counterparts (60 percent versus 56 percent). Of the 59 percent of households who had limited access to markets, a lack of money was cited as the major reason (96 percent) why households had not accessed markets and not COVID-19 restrictions.

The **Livelihood Coping Strategies Indicator (LCSI)** is derived from a series of questions regarding a household's experience with livelihood stress and asset depletion during the 30 days prior to the survey.

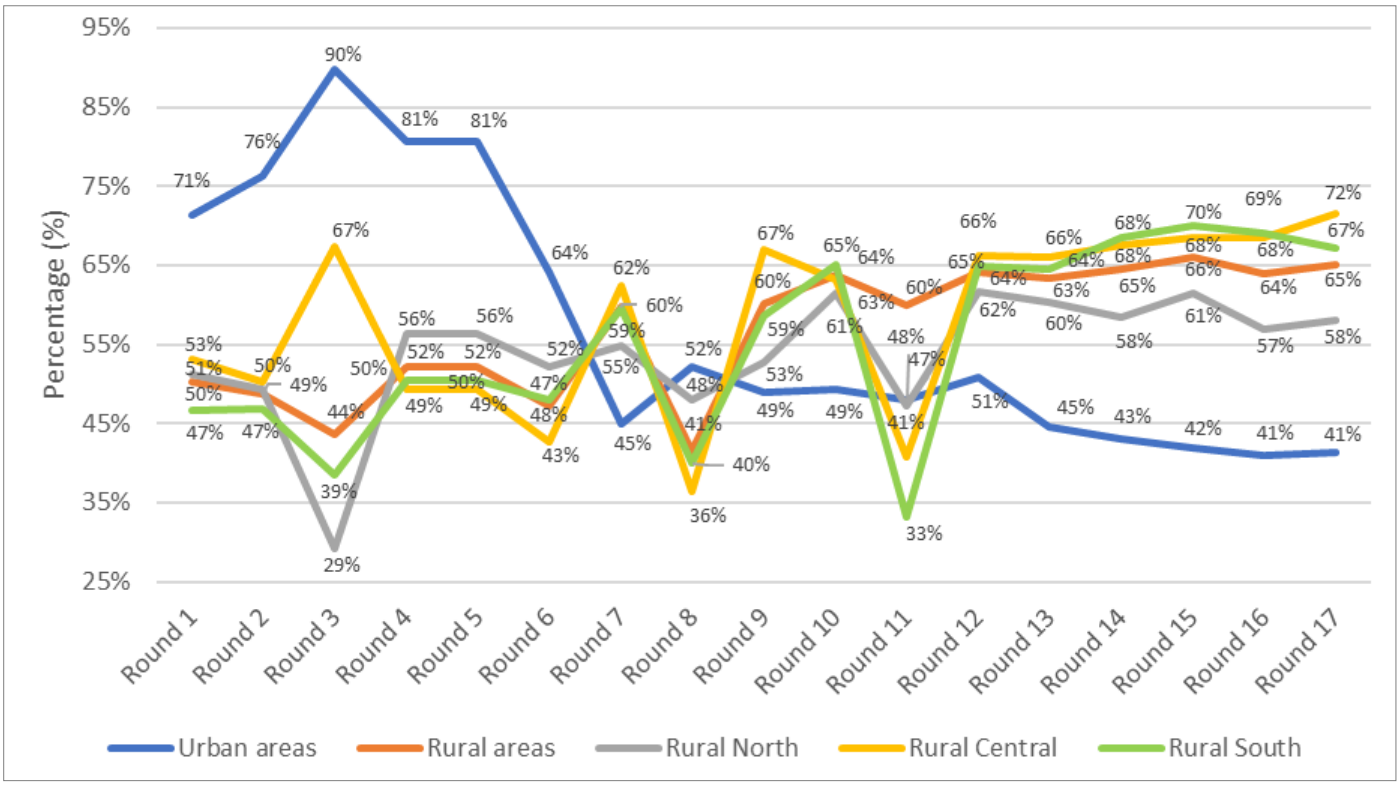
Coping is classified into broad categories: **Stress Strategies, Crisis Strategies, Emergency Strategies and Not coping/ Food Secure.**

Figure 8: Trends on Households Accessing Markets



Further, in the current round, rural households had increased access to markets (65 percent) compared to 41 percent of urban-based households, partly due to the marketing season whereby rural households are selling produce from the recent harvest and buying other food and non-food items with the income that they generate from the sales. Within rural areas, the Rural North had the lowest proportion of households (58 percent) who reported having access to markets, followed by the Rural South (67 percent) and then the Rural Centre (72 percent).

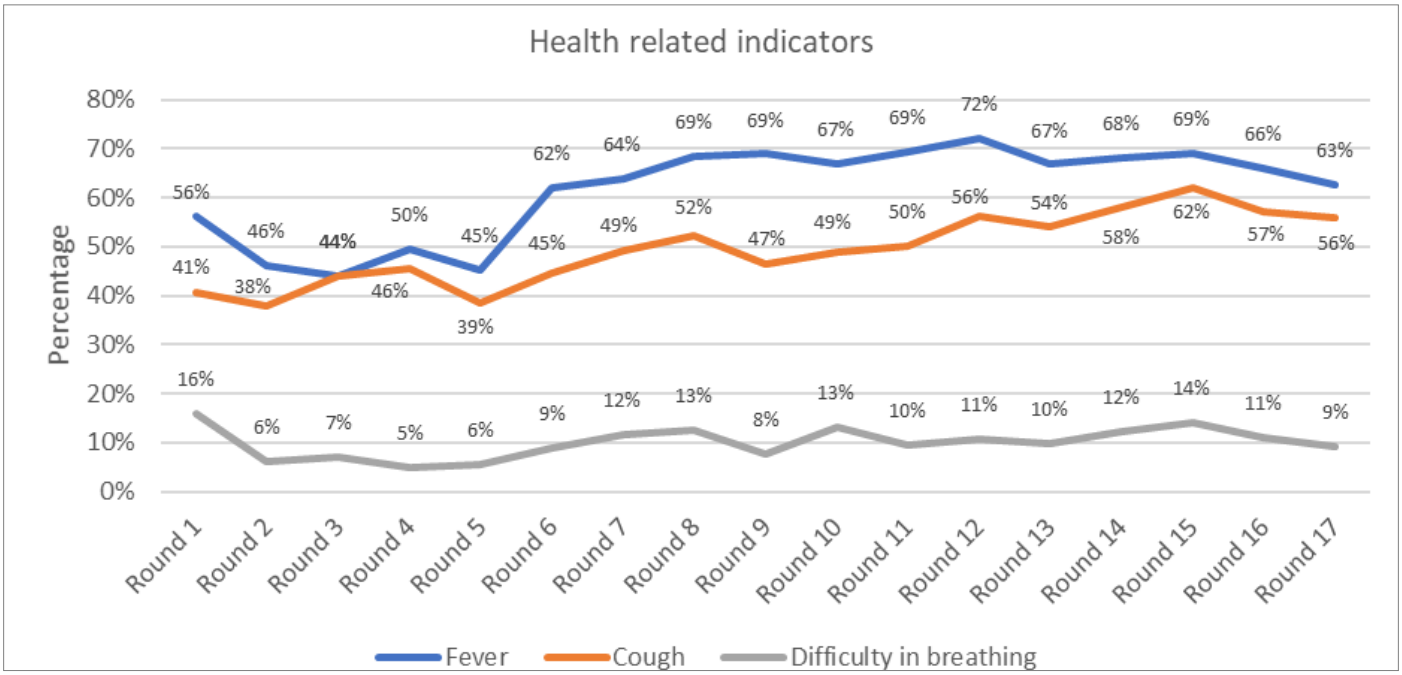
Figure 9: Percentage of Households Reporting Unlimited Access to Markets/Shops



Health Indicators Related to COVID-19

Households were asked whether one or more members of their immediate family had suffered from a fever, cough, and/or had difficulty breathing in the 14 days prior to the survey. The proportion of households reporting that one or more family members had experienced a fever in the current round was 66 percent, a decrease from 69 percent in the previous round. Further, the proportion of households who reported that at least one member of their family had a cough decreased to 57 percent from 62 percent. Similarly, the proportion of households who reported that at least one member had difficulty breathing slightly decreased to 11 percent in Round 16 from 14 percent in the previous round (*Figure 10*).

Figure 10: Percentage of Households Who Reported that at least One Member of Their Family Suffering from Fever, Cough, or Difficulty in Breathing in the Past 14 Days



CONCLUSIONS

overall, the food security situation is stable in this round (mid-September to mid-October) of data collection as illustrated by the high proportion of households classified as having *acceptable* food consumption coupled with the low proportion of households classified as having *poor* consumption. Further, the proportion of households who were employing emergency livelihood-based coping strategies decreased, while the proportion of those not engaging in emergency livelihood-based increased, indicating stable household food security overall. Access to markets increased in Round 17 compared to the previous round but still remains in line with normal trends for this time of year.

Annex A: Sampling Methodology

The three regions of the country (ADM1) and four major cities (Mzuzu, Lilongwe, Blantyre, and Zomba) were divided into 14 strata. Integrated stratification was conducted whereby each city was a stratum on its own to track the effects of COVID-19 in each city separately, as cities are likely to be most adversely affected by the impact/ severity of COVID-19, and the impact might differ from city to city. Districts were stratified by clustering those with similar livelihood activities together while maintaining a maximum of four districts per stratum. Participants were randomly selected from a national database of mobile subscribers. Respondents opted into the mobile call survey and were asked questions on socio-demographics, food consumption, coping behaviour, market access, health condition, and assistance received.

As of 2016, 54% of households in Malawi had a mobile phone (MDHS 2015-16). As such, it is acknowledged that household-level mobile surveys contain a certain level of inherent bias. Due to these biases, an attempt is made to capture patterns and trends. In terms of weights, the results are computed by applying a population weight at each respective district level (Admin 1) in order to debias the data.

The sample size was calculated based on the IPC guideline of a minimum of 150 per strata. The total sample size per strata is 180, as it includes a safety buffer of 30 in case the call centre could not achieve the full sample in 30 days. Please find the IPC manual here and refer to page 115, Table 28 for further details.

The sample was stratified at the ADM1 level to be able to report results at ADM1 level within 30 days of data collection.

The three regions in Malawi (ADM1) and the four cities of Mzuzu, Lilongwe, Blantyre, and Zomba have been divided into 14 strata (ADM1 strata) and quotas have been provided at the ADM1 strata and district (ADM2) level. To compute ADM2 quotas, WFP used Probability Proportional to Size (PPS) to ensure that the results are representative at the ADM1 level.

All ADM1 strata quotas (daily, 10 days and monthly) and AMD2 caps (10 days and monthly) were reached for this sample.

After the first initial rounds of data collection, WFP subsequently switched to a panel approach, and these quotas will be updated to include the quotas for old/new respondents based on the methodology outlined above.

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